

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVIII.]

WEDNESDAY, MAY 2, 1838.

[NO. 13.]

NEW OPERATION FOR THE CURE OF PROLAPSUS UTERI.

FROM DR. MARSHALL HALL'S LECTURES.

ANOTHER application of the principles of inflammation to the cure of a distressing malady, was proposed by myself, and successfully made by Dr. Heming. The object was to cure *prolapsus uteri*. It occurred to me that this might be accomplished by diminishing the calibre of the vagina, so that the uterus might be supported in its place at its upper part. The vagina, being lined by mucous membrane, could not be readily excited to contract adhesions with itself; I proposed, therefore, to remove one or two slips of that membrane, and draw the opposite edges into contact by suture; adhesion would take place, the canal would be firmly contracted, and the prolapsus of the uterus prevented. All this was effectually accomplished in one case, the details of which I published some time ago. Several years afterwards, the case was examined by Mr. Vincent; the uterus was still retained in its proper position. Recently this operation has been successfully repeated by M. Velpeau and M. Bérard, Jun. In the young, I would propose that the slip of mucous membrane removed from the highest part of the vagina be broader than that removed from below.

The object, in this operation, is to contract the vagina. It is accomplished by changing a mucous surface, opposed to adhesive inflammation, into a surface of another character, on which this form of inflammation is readily excited.

The first case of this operation was published so long ago as 1831. The subject of the case was a poor woman, whose bread depended upon the labor of her hands. Her sufferings, from the prolapsed state of the uterus, were often extreme, and she was frequently disabled from engaging in her various occupations.

For several years there had been complete prolapsus of the uterus; to this were also conjoined a partial descent of the bladder at the anterior, and of the rectum, formed into a pouch, at the posterior part of this prolapsus. The os uteri protruded at least two inches beyond the os externum.

It occurred to me that, if the canal of the vagina could be considerably, permanently, and firmly reduced in its diameter, the uterus would be supported in its place, and prevented from resuming its prolapsed situation; and that this might be done by removing a portion of its mucous membrane along the anterior part, and by bringing and re-

taining the denuded surfaces in contact, by successive deep sutures, until they should unite by cicatrix.

This operation was performed by Dr. Heming. The uterus being protruded as much as possible by the efforts of the patient; two parallel incisions were made through the mucous membrane, from the sides of the os uteri, along the course of the protruded vagina, to the os externum; the portion of this membrane situated between these incisions, was then removed, leaving a space of one inch and a half in breadth, and of the entire length of the vagina, completely denuded. A suture was then inserted near the os uteri. This suture being tightened, the os uteri was obviously pushed upwards. A second, a third, and other ligatures, were then inserted in the same manner, at short intervals, to the os externum; each ligature, on being tightened, moving and supporting the os uteri upwards.

This operation was attended with little pain; the only sensitive parts of the membrane being those near the os uteri and os externum.

The patient was directed to keep quiet in bed. The bowels had been opened. An opiate was given. No pain or fever followed. In four or five weeks the denuded parts had firmly united, and, shortly afterwards, the ligatures came away.

On examination, six, eight, and ten weeks after the operation, the os uteri could be just felt, *in situ*, by the finger passed through the vagina; the vagina was firmly contracted along its whole course.

The prolapsus of the uterus was thus completely remedied. The descent of the pouch of the rectum was lessened.

The principle upon which this case was treated, is illustrated by a fact detailed to me by Dr. Holland, of Queen street, May-Fair. A pessary, introduced in a young person to support the uterus, subject to be completely prolapsed, induced great inflammation. This was followed by such firm contraction of the vagina that the uterus ever afterwards remained in its proper situation.

This subject has recently occupied the attention of the surgeons in Paris, and several notices have appeared in the reports of the proceedings of the Académie Royale de Médecine, and in the Parisian journals, relative to it. I think an account of these discussions cannot fail to interest the members of our profession in England.

The first of these notices, of which I shall give an account, is that of two communications made to the Académie on the 11th August, one by M. Velpeau, the other by M. Bérard, Jun.

"M. Velpeau communicated the case of a woman, about fifty years of age, who had for a long time been affected with prolapsus uteri. There was also cystocele, pushing the uterus backwards. An operation was performed according to the plan of MM. Marshall Hall, Heming, and Ireland, though with the following modifications: In order to effect a considerable tightening, three shreds of the mucous membrane of the vagina were removed, one anterior, the other two lateral, beginning at the os externum; each of these shreds was ten lines in breadth, and two inches and a half in length. A difficulty is usually found, after removing the shreds, in making the suture. M. Velpeau took the pre-

caution to fix the thread previously. The operation was not attended with any untoward event; the hæmorrhage and pain were very slight, and cicatrization ensued by the first intention. Some colic pains, arising from the retention of some fecal matter, were subdued by laxative medicines. The patient was cured two months ago, and the cure promises to be permanent. The operation is at once free from pain or inconvenience, and appears most effectual.

"M. Maingault objected, that, in the case of young women likely to become mothers, this operation would involve serious inconveniences.

"M. Velpeau observed, that this objection might appear well founded at first sight, but that there were facts to show that cicatrices of the vagina may yield sufficiently, during labors, to admit of the passage of the fœtus.

M. Bérard, Jun. related the case of a woman, in which he performed the same operation with entire success. Out of three instances in which he had himself been the operator, two persons were completely cured.

"Since that day M. Bérard has repeated the same operation. He proposes to designate it by the term '*Elytrorrhaphie*.'"

To this brief account of the proceedings of the Académie, I beg to add that of a clinical lecture by M. Velpeau, published by Dr. Dufresse, in the "*Journal Hebdomadaire*," for August the 29th, tom. 3, No. 35, p. 275:—

"There came under my care (says the professor) a woman, aged 58, of dark complexion, and well formed, affected with prolapsus uteri to such a degree that this organ projected through the os externum. The cervix was neither inflamed nor ulcerated. The patient experienced no pain, and she could reduce the tumor herself.

"This affection is rather an infirmity than a disease. It may, however, become a source of serious disease, in consequence of the dragging which is produced by it on the parts contained within the pelvis. It may also be the cause of peritonitis, inflammation of the cellular membrane of the pelvis, and, consequently, of abscess; and the intestines may be drawn into the *cul de sac* which is thus formed. It may also be the cause of strangulated hernia; and, lastly, of ulceration of the neck of the uterus.

"The surgical means which have been hitherto applied are only palliative. They consist of pessaries, by the use of which the patient is subjected to numerous accidents. There is considerable variety in the form of these pessaries; some are oval, others elliptical, or '*en gimblette*.' They are with difficulty retained in their proper situation, and are ill calculated to support the uterus. They imbed themselves deeply in the parietes of the vagina, and produce inflammation, in consequence of which it is frequently necessary to withdraw them. Others have the form of a '*bilboquet*.' It has a stem, which projects out of the vagina, and produces much inconvenience when the patient sits down. This is often broken, and then the cup remains in the vagina, where it becomes covered with a calcareous concretion. Pessaries have also been known to perforate the recto-vaginal septum, and the scres

thus produced to become fistulous. There are, besides, 'pessaries elytroides.' These are with difficulty kept in the vagina.

"The insufficiency, then, of these means, and the inconveniences which follow their application, justify the efforts that have been made to obtain a radical cure; which has been effected in some cases.

"There is one principle only, but this is effected in various ways. It has been founded upon that which is adopted for the cure of prolapsus ani. This consists in contracting the orifice of the anus to a greater or less extent. Hey was the first to adopt it in England, but M. Dupuytren, in France, described it with much more accuracy, and ought justly to be considered as the first who gave rules for its performance. Thus from the success obtained in cases of prolapsus ani, it has led to a belief that the same benefit might be expected in cases of prolapsus uteri, by contracting the vagina.

"The first idea of this operation is due to M. Girardin, who described it in a memoir which he presented to the Société de Médecine de Metz, or de Nancy. He proposed to contract the vagina, and if necessary even completely to obliterate it in women in whom the catamenia had ceased. He found many opponents to his ideas, which were rejected. The manuscript remains unpublished, the journal of the Society having given only an analysis of it, which I have now before me.

"These ideas have since been renewed, reduced to rules, and adopted with success. M. Dieffenbach, of Berlin, has employed this method. In 1831 many of our young surgeons went into Poland, and they addressed letters to the 'Gazette Médicale,' in which they gave an account of many cases of procidentia uteri, in which there had been performed an operation similar to that adopted by M. Dupuytren for the cure of prolapsus ani.

"Two years ago M. Langier tried to cure a case of prolapsus uteri, which came under his care, by contracting the vagina. I believe this case has not been published.

"M. Tanchon was acquainted with this method, but kept it a secret; he has published nothing upon it; he has only put in his claim against that of the English surgeons, who wish to consider the priority in reference to this operation, as due to themselves.

"M. Dieffenbach is contented with removing the folds of the vagina near the inferior orifice.

"M. Langier cauterized a broad strip of the mucous membrane with the nitrate of mercury.

"MM. Marshall Hall, Heming, and Ireland, in England, have performed the operation with complete success. Their method consists in removing an elliptical shred of the mucous membrane from the internal surface of the vagina, an inch in breadth, and several inches in length. The wound is then united by the interrupted suture. In some cases two such shreds have been removed, one from the left, and the other from the right side.

"In the case which I have described, the catamenia had subsided for a long time. The uterus projected two inches externally; the tissues

were not hypertrophied, nor had they undergone any other alteration of structure.

"The plan which we propose is as follows: First, to remove the anterior column of the vagina, from the inferior part to the superior, before reducing the prolapsus; then to reduce it, and remove from the lateral parts of the vagina, both right and left, and along the whole length of this canal, a band of the mucous membrane; and, lastly, to unite the anterior wound by the interrupted suture.

"In our opinion it is much better, when the procidentia is not very considerable, to insert the sutures before removing the anterior shred of mucous membrane, so that the threads may be situated about a line from the edges of the wound. We advise this to be done, in consequence of the pain causing the parts to contract, when the excision is made before the sutures are inserted; and, in many cases, when this happens, it is exceedingly difficult to insert them. In the dissection of the anterior shred considerable caution is necessary lest the vesico-vaginal septum be completely cut through.

"The woman who forms the subject of this communication, experienced no inconvenience; and some days since she walked in the wards of the hospital, and in the gardens, without the least tendency to a return of the prolapsus. We may now, therefore, calculate upon almost certain success by an operation."

What I have to add is a little amusing. It seems M. Girardin has written to the Académie to remind its members that in 1822 he had proposed to cure prolapsus uteri. It is added that M. Girardin "a voulu par cette communication assurer à l'opération son origine et maintenir à la chirurgie Française (!) la priorité de l'invention, sinon de son exécution."

It seems that the profession in France remained steady in their opposition to this measure, and that M. Girardin slept upon his mere proposition. I do not imagine, therefore, that either will gain much by any attempt to deprive me and Dr. Heming of whatever merit there may be in having both devised and executed this simple, this painless, almost bloodless, yet important operation. To compare our operation to that of Hey, or that of Dupuytren, for prolapsus ani; or to those of M. Dieffenbach, and M. Langier, for prolapsus uteri, neither of which could succeed, is equally futile. As to M. Tanchon, who could keep his mode of proceeding secret, he does not deserve a moment's notice.

Without attaching too much importance to it, I cannot but regard this operation as a valuable addition to our curative means. Prolapsus uteri is frequently a great calamity. The mode of cure proposed is at once effectual, and free from either pain or danger, if properly performed.

NERVOUS DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

BRODIE, in his late work on nervous affections, has conferred a lasting benefit on medical science, by the free and practical manner in which

he treats of these anomalous diseases. There are few practitioners who do not occasionally meet with cases which they are unable to place under any nosological class, by reason of their ever-changing symptoms; and authors, in general, are so anxious to limit diseases by certain definitions, that the inexperienced are liable to suffer perplexity and doubt, in their intercourse with them. For when we consider the extensiveness of the nervous system, the complete circle and endless radii of its sympathies, the proneness and liability of its actions to be deranged by every moral and physical agent, as well as the general character of its functions to be modified by every grade of temperament and idiosyncrasy, we shall be led to the conclusion that it is as impossible to define its morbid actions by any classification of symptoms, as it would be to arrange, in musical order, the confused sound of a thousand strings, when struck by the unequal blasts of a hurricane.

It is only those physicians who have had the care of cases similar to the following, that can rightly appreciate the value of such a work as Sir B. Brodie's "Lectures, illustrative of certain local Nervous Diseases," or feel sufficiently grateful to Professor Dunglison, for making it so generally known by republishing it in his excellent "Medical Library."

Miss S. E. B., a respectable young lady, formerly of this city, of about 20 years of age, of fair and florid complexion, and possessing an amiable disposition, has been suffering under a singular nervous malady for upwards of four years. The symptoms have been so various and unusual, that they have baffled the skill of medical gentlemen, in this city as well as in Boston, to discover either their pathological relation, or cure; and my memory recalls them before me, at this time, in such contradictory groups as almost to defy a description. I will, however, attempt to give a general outline in the order of their occurrence; and will afterwards point out, more particularly, the most prominent and anomalous of them, as well as the peculiar physiological condition of some of the organs, and their unusual relation to different articles of the *materie medica*.

After an attack of sudden suppression of the catamenial discharges, by exposure to cold, while in a boarding school, she first became an invalid. The symptoms which then began to affect her, were gastric irritability, and a variety of other symptoms usually attendant on indigestion. This state of things continued for nearly a year, when she had an attack of hematemesis. She soon afterwards became subject to a peculiar kind of cough, a *spasmodic bark*, accompanied with severe dyspnoea. At this time her form began to enlarge, and continued until she had the appearance of a person in the last stage of pregnancy. Within two years from the commencement of her disease, she became subject to a paralysis of the lower limbs, which continued, until within a few months, more or less to affect her; and ever since her first seizure, she has been subject to violent fits of vomiting, which have constantly alternated with the pŕilmonic affection.

In the winter of 1836, one of those attacks of *spasmodic retching*

and vomiting continued to harass her for seven weeks, during which time she was incapable of retaining a single spoonful of nutriment in her stomach; and she had not, as long as the vomiting lasted, one fecal discharge. Although her whole source of nourishment was derived from the daily exhibition of one or two enemata, yet she retained a health-like countenance, a cheerful mind, and a persevering confidence that she should get well. For three weeks, during this severe attack, her vomiting was constant, night and day, until the nervous and muscular systems became completely exhausted; and then she would remain in a comatose state for a few minutes, when the peculiar vomiting would be resumed. After the attack of vomiting began to subside, symptoms of spasmodic croup made their appearance; and frequently her friends supposed she had breathed *her last*, from the length of time that transpired between each respiration. One of the most peculiar phenomena, was the vacillating state of her symptoms, between the pulmonary and digestive organs; and if it was possible for the relaxation of the diaphragm to be an active agent, we might consider the dyspnoea and vomiting to be occasioned by its disturbed function. Although her stomach ejected, almost immediately, for weeks, every article of food that was taken, yet she had no *biliary discharge*. Her skin remained perfectly free from any *bilious tinge* whatever, although the alvine discharges were completely suspended; the urine, likewise, was extremely scanty and light colored, and the cutaneous excretories were equally as inactive. This will be considered, by many, as a proof of Professor N. Chapman's peculiar views respecting the pathology of jaundice, i. e., that the yellowness of the skin, &c., depend on a morbid state of the capillary system, rather than on a suspension of biliary secretion, or from absorption of bile already secreted. Vide Am. Jour. Med. Scien., Vol. I., p. 65.

The absence of organic disease seemed to receive support from the fact, that there was not a single function of the body that was not performed, during one period or other of her complaint, with a healthy regularity; but the governing influence of that circle of well-balanced sympathies, which secures to the general organic system a *unison*, appeared to have lost its controlling power, and to have left each organ, occasionally, to assume to itself the whole of the nervous excitability, which ought to be equally distributed and expended by the whole system.

But the most singular feature of this extraordinary case, and the one which principally induces the writer to consider it worthy of publication, is the astonishing insensibility of the stomach and intestines, as well as the cutaneous absorbents, to the impression of a variety of powerful agents. At one time the "black drop" was given every two hours, in teaspoonful doses, until she swallowed 3 ij., without producing sleep! and a gr. v. pill of ext. stramon., as well as belladon., was given every hour, for two days and nights in succession, without even affecting the pupils in any perceptible degree; although there could be no doubt of the genuineness of the preparations, as they had been used, in usual doses, in other cases, with decided effect. Narcotics were not the only

class of medicines that proved inactive; for at times, the ordinarily most drastic purgatives and powerful emetics were likewise as ineffectual. A number of very active articles were given *per ano*, and were retained in the bowels for hours without producing the least uneasiness; among the number, we recollect ordering injections of tobacco, and a decoction of the same was even swallowed in repeated tablespoonful doses, without occasioning even nausea. The application of many of the most powerful preparations, such as morphine, strychnine, emetine, &c., on blistered surfaces, was often attended with the same want of influence. But this insensibility, after continuing two or three weeks, was generally succeeded by a different state of things. The organs, that formerly were so torpid, became morbidly excitable, in an inverse degree, to their former insensibility; and then, again, like the fabulous stone of Sisyphus, their energies began to fall, as soon as they reached the summit of their morbid exaltation; and the extent of their subsequent descent, was always in proportion to the degree of their previous elevation.

The real nature of her enlargement has been as difficult to determine as any symptom connected with her case. The impression produced by its *feel*, is neither that of ascites, enlargement of any one organ, or a tumor *sui generis*; neither has it the elastic feeling of tympanitis, although there are more reasons to consider it confined air, than any other body. The action of emetics and hydragogues has, in some instances, reduced it, while in others it has not lessened her size in any degree.

Her lameness has been confined, principally, to one of the lower limbs; although the other, as well as the upper ones, has not been always subject to volition. The lameness has all the characteristics of real paralysis, excepting wasting, which usually attends its continuance. The temperature of the limbs has been always below the natural standard, and their animal sensibility has been much lessened; so that numbness continued, for a long time, to be one of the most troublesome symptoms.

About a year ago, she expressed a wish "to try" the *Thomsonian mode of treatment*; which her medical attendant acceded to, being confident, from the slight effect which the most powerful articles of the *materia medica* had on her system, there would be little danger of her being injured by any of their *nostrums*; considering, likewise, that such diseases have frequently yielded to the moral influences of a confidence in a new and novel mode of treatment; and likewise that a *disturbing course* would be the only one which could succeed in breaking up the circle of diseased nervous affections which seemed to have completely usurped the place of the normal functions. We were, therefore, induced to yield a willing assent to the *empiric trial*. The result has been rather beneficial; for although during the year her situation has been vacillating between the two extremes of her complaint, yet, upon the whole, her symptoms are much mitigated, and a few weeks ago she enjoyed a better state of health than she has for the last three years; but whether the improvement depends upon the treatment she has un-

dergone, or the changeable character of the disease, a further time can only determine.

In giving a history of this anomalous case, it is impossible to give a correct account of all the different characters it assumed, or diseases it simulated, throughout its course; but we do not hesitate to affirm, that there are but few symptoms belonging to the long catalogue of diseases, which have not afflicted the patient, in one stage or other of her complaint. As might be expected, the opinions given by her medical friends, as well as the treatment prescribed, have varied according to the different phases which this *protean* disease has put on. But little doubt remains that it belongs to one of those extraordinary species of *hysteria* that Sir B. Brodie has so often met with; and it is to be lamented that so extensive a practitioner, and so able a writer, should not have discovered a cure, or even suggested some plausible mode of treatment, that would tend to expunge it from that long list of *incurables* which are significantly but unjustly denominated the *opprobrio medicorum*.

Bangor, Me. April 14, 1838.

D. McR.

CASE OF OVARIAN DROPSY.

[Communicated for the Boston Medical and Surgical Journal.]

Two months previous to the birth of the patient, J. B., her mother had the smallpox, for the second time, and of the confluent sort: her body, at her birth, presented the appearance of one who had gone regularly through that disorder. The circumstances were considered extraordinary at the time, and attracted the attention of many physicians, and are recorded in the books of the Middlesex Medical Society. Dr. Isaac Hurd, of Concord, was her mother's physician.

Between her first and third year, J. B. had a long illness, from which her recovery was considered almost miraculous: in childhood she had a large swelling in the groin, which was called a rupture; but she wore no truss or anything of that sort, and the swelling, it is believed, disappeared before she grew up. She was rarely gay and happy, like other children; but would often cry for hours, alone by herself, without any apparent cause.

At about sixteen she was in better health, flesh, and spirits, than at any period of her life, but soon after that time she began to be troubled with abscesses under her arms, most painful, tedious, and difficult to cure, often continuing for months. During the eight following years she was under the care of Dr. Chaplin, of Cambridgeport. She not only had these abscesses every winter, but during those years was almost constantly afflicted with a hard cough; once had hemorrhage from the lungs, and was visited by old Dr. Warren; once had a violent brain fever, and once a lung fever. The whole array of painful remedies were, one after another, called forth to her relief—setons, issues, blisters, the knife, the lancet, and many of the most powerful agents in the *materia medica*. It is supposed that Dr. Chaplin considered her system so insensible to the action of medicines as to call for the employment of

the most active and violent: certain it is that she took almost everything but laudanum, without any considerable effect, though five drops of that preparation have produced every symptom of death.

From 1822 her health gradually improved, though she was still subject to cough and pain in the side, and to glandular swellings, one of which last was cut out, at her earnest desire, by Dr. Z. B. Adams, in 1823 or 4. She went to reside in Boston to teach a school, and while there, from some exposure to the weather, she took cold and was seized with erysipelas in her head, which was very severe. She was carried home as soon as possible, and after a few weeks recovered so as to be able to return to Boston for a short time, but returned to her home, and for some months was troubled with rheumatism in the head, and a tumor which appeared somewhat like polypus and occasioned her much suffering. In the winter of 1825-6 she went to Baltimore to reside, where the mild climate seemed to renovate her constitution, and she enjoyed tolerable health for four or five following years. After that she had catarrh, fever, and lung fever: she had continued to suffer from the tumor, which Dr. N. R. Smith twice operated upon, and removed.

In the spring of 1831 she had a violent lung fever, from which she recovered sufficiently to come to New England in June, and spend there the remainder of the summer. She enjoyed tolerable health from that time till January, 1833. She was then very ill with inflammation of the bowels. She was cupped and blistered; warm poultices were used, and the bowels, which were hard and swollen, were rubbed with whiskey and sweet oil. After about a fortnight her health seemed improving and her strength increased, though her bowels remained hard and swollen. She continued to gain strength, though a confirmed dropsy had supervened. In the fall of 1833 she was much increased in size, though able to ride out and to walk about the house: she had been tapped two or three times with very little success. During the autumn (of '33) her limbs swelled more and more, and after September she did not go below stairs. Dr. Buckler once pricked one of her limbs with a needle, from the knee to the ankle, with the hope of relieving the distension by discharging the water. The relief, however, was slight and transient. He also tapped her once or twice, but was unable to draw more than a pint of water from two simultaneous openings. Some hydatids were drawn out by the instrument. She was never tapped after the operation of Dr. B.

About November, a black spot appeared on one of her ancles, which rapidly spread, and in a short time both limbs became ulcerated, and so painful that by January she was unable to lie down on account of the extreme soreness and pain, and equally unable to walk or stand. For eighteen following months she never left her chair, except when she attempted to lie down on the hydrostatic bed, which, however, afforded her no relief, and she abandoned it after one or two painful trials. During the winter of 1834 she often had severe cough and disordered bowels, but the pain in her limbs was so severe that she took, for weeks together, from four to eight teaspoonfuls of laudanum every night, or else a preparation of morphine, which she much preferred. In March,

of that year, she was suddenly seized with diarrhoea and sickness at the stomach, with great prostration of strength, and in two days her limbs, which had been of the size of a very large man's, shrunk away to almost the mere bone from the hips downward: the discharge from them entirely ceased. The hard, black skin, which appeared to be thick, like sole-leather, stood out from the bone like a man's boot, and was as dry and stiff, just hanging by a loose puckered skin from the knee. At this time her strength failed so that she was necessarily placed on the bed, and she was, for the future, able to lie down every night.

She gradually recovered from this singular state. Again her limbs swelled and discharged as before, but she did not suffer so much from them till the winter, nor had she occasion to use so much laudanum. The dressing of her ulcers was changed, from litharge ointment (which had been used for two years), to an ointment composed of beeswax and lard, which answered quite as well. She had been unable to bear the weight and pressure of poultices.

She continued in much the same state, being better in the warm weather, till the latter part of June, 1836, when she sailed for Boston. She was carried through this formidable undertaking with much less suffering than could have been anticipated, as she had not been able for months to bear her own weight a moment, or move herself from one spot to another. Every accommodation which the wisdom and experience of many friends could suggest, or their kindness supply, was furnished her, and a gracious Providence granted her a safe, though tedious, passage of ten days, during which no accident occurred, save that she was thrown out of her cot by the sudden lurching of the vessel in a high wind at midnight: the curtains and bed-clothing broke her fall, and she escaped with only a few bruises and scratches, which healed more favorably than could have been expected. The fatigue and the excitement of reaching home made her more ill for a few days, but she suffered no material injury from the removal.

The following autumn and winter she seemed much as she had during the preceding season, except that she did not, perhaps, suffer so much; still she was obliged to take laudanum, and finally the black drop, of which she took, for some months, from two to three teaspoonfuls a day. In June, 1837, she had a turn precisely similar to that in 1834; she was suddenly prostrated, again her limbs shrunk and dried, and she was again obliged to lie upon her bed. Never afterwards was it possible for her to sit in a chair, as formerly, though she could still sit up in the bed two or three times a day. From this condition she was raised to comparative strength by the use of black drop, brandy, and other stimulants. In August ('37) she was, with great difficulty, placed in a chair and secured, so that she could be carried from one house to another. This removal seemed, for a while, to render her better and happier; still, however, her sufferings increased, especially from sore mouth, which made it very difficult for her to eat. Finally, she lost all appetite. She was occasionally troubled with shortness of breath, to a dreadful degree. At last, two or three days before her death, there appeared to be an evident sinking, universal distress and restlessness,

great difficulty of breathing, particularly on attempting to lie down or change her position. All this increased till, on Saturday morning, she sank softly away, and breathed her last without a struggle.

NOTES OF THE AUTOPSY.

Body generally emaciated; legs permanently flexed on the thighs; abdomen enormously distended; superficial veins of chest and abdomen remarkably distinct, presenting an endless mesh of dark lines. On measuring the abdomen, the vertical outline of the protuberant part was found to be (from the crest of the pubes to the ensiform cartilage) two feet, five inches; and the whole circumference of the body (the line being carried around at the level of the umbilicus) four feet, four inches. An incision having been made into the left side of the abdominal parietes, twenty-four pounds of clear-looking serum were evacuated. On opening the abdomen, an enormous congeries of cysts protruded, not adherent in any point to the walls of the abdominal cavity, and attached only to the left ovary or Fallopian tube by a narrow band, which was ruptured in removing the mass. One of the cysts occupied completely the lower cavity of the pelvis below the brim, compressing the rectum. The intestines, liver, and stomach, were thrust up, with the diaphragm, thus diminishing, materially, the cavity of the thorax. The whole tumor was turned out without rupturing any of the sacs, and weighed, with its contents, fifty-four pounds (the sacs themselves, after evacuating the fluid, weighing eleven pounds), so that there were sixty-seven pounds of serous fluid within the walls of the abdomen. The fibrous coat of the liver and spleen presented large patches, white, indurated, and thickened: the other organs presented no traces of disease.

The right lung was condensed as if from compression, and at its apex was a small cavity filled with softened tuberculous matter, the whole upper lobe being in a state of tuberculous degeneration, with some cretaceous deposit at the very summit. Left lung healthy.

The pleuræ each contained fluid to the amount of four ounces, and on both sides there were extensive adhesions.

Heart perfectly healthy.

Brain not examined.

On examining the tumor it was found to be made up of many distinct cysts; some with thin, transparent walls, others with walls thick; and of almost cartilaginous hardness: to these latter were attached large masses of scirrhous substance. One of the cysts was lined with a yellowish, pasty secretion, and contained a quantity of calcareous matter, very friable.

This form of disease has been admirably described by Dr. Hodgkin, of London, in a paper on "Adventitious Formations," published in the *Medico-Chirurgical Transactions*; and also by Dr. Seymour, in his *Lectures on Ovarian Tumors*, printed in the second volume of the *London Medical Gazette*.

April 26, 1838.

[The above case, though, by request, without signature, is from a responsible source.—Ed.]

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 2, 1838.

DR. M'NAUGHTON ON HOMŒOPATHY.

In the Transactions of the New York State Medical Society, the first article is an address by James M'Naughton, M.D., the president, which is a sort of compendium of the different systems of medicine which have been in repute, from one age to another, since the days of Hippocrates. He has minutely considered the last, and, to our humble apprehension, the most useless of the whole series, and his dissertation commends itself to the reader. In a word, the author makes it as plain as the stars in the firmament, that homœopathy is not deserving the consideration of an intelligent man. For example, the treatment of acute diseases, though familiar, perhaps, as taught by the admirers of Hahnemannism, is a tolerable specimen of the whole plan of management in all maladies;—a little variation in the mode of approaching the patient, is just about as well as varying the remedies.

"In acute diseases the remedies are not exhibited, in general, more than once or twice in twenty-four hours, the interval depending upon the duration of their respective effects. In chronic diseases, again, they are not given oftener than once a week, fortnight or month—sometimes only once in two months. The millionth, or ten-millionth part of a grain once in two months, and that given in sugar, is certainly a very gentle mode of treating a disease; and if experience should prove it to be as successful as the Allopathic method, it is certainly entitled to the preference. One would suppose that such small doses could not exert any influence on the vital actions. The most virulent poisons known to us can be taken in doses a hundred times larger than the doses of the Homœopathic medicines, with impunity. Making, therefore, all due allowances for the influence of friction in imparting new properties, nothing short of the most unquestionable experience could induce us to believe, that the remedies of the new school would do either harm or good.

"The fundamental principle of curing diseases by remedies which aggravate, for a time, the symptoms, is not calculated to make a favorable impression on physicians brought up in the Allopathic schools, even if the doses of the appropriate remedies seemed sufficiently large to produce a decided impression on the system. But the principle of action, and the infinitesimal size of the doses prescribed, have together contributed to prevent physicians from paying any attention to the new science. Generally speaking, they have at once pronounced the whole subject absurd, a delusion, or a gross imposition upon public credulity."

However, although the utter uselessness of this system is admitted, and all classes of thinking persons look upon it with supreme contempt, several professed Homœopathic practitioners are thriving grandly in the large cities. They seem to fill an important niche, which neither natural-bonesetters, pill-makers, or venders of patent medicines, generally, could reach. People were not so fully and completely imposed upon as they like to be, till the arrival of these last, but least injurious adven-

turers, on the American Continent. Perhaps, however, it is taking an unjustifiable liberty to pronounce them *harmless*, since Dr. M'Naughton assures us that—

"Several of the most intelligent disciples of Hahnemann, as Hartmann, Rummel, and Gueyrard, recommend Allopathic or antipathic remedies where the Homœopathic are inapplicable or insufficient. I have myself seen several instances in which much injury resulted from trusting exclusively to Homœopathic remedies. In one instance I have seen the sight of an eye almost entirely lost, with a deep ulcer on the cornea, while the Homœopathist paid no attention to the local affection, but for weeks continued to give internal remedies, to get at what he considered the root of the evil. But the eradication of the evil would have come rather too late, if the humors of the eye were in the meantime allowed to escape."

Usually, the effect of warning the people against impositions where health is concerned, is to awaken curiosity, and, finally, if a sympathy happens to be excited for what is commonly called a persecuted man, not only is the individual personally and speedily benefited, but the whole community assists in making his fortune at the expense of its vitality.

We wish it were proper to circulate occasional medical tracts, of a popular character, through the country, after the manner of the temperance associations. The effects would be lastingly beneficial, and under such circumstances Dr. M'Naughton's discourse would be read with universal satisfaction and profit.

New York Medical Prize Fund.—By a unanimous vote of the Medical Society of the County of New York, embracing the city, twenty dollars are to be paid annually to the prize fund of the State Society. Sixty dollars, as a donation, were also received the past winter from the interior counties, towards the same meritorious object. No dissertations seem to have been presented the past year, or, if there were, none of them had sufficient merit to take the prize.

Utero-Abdominal Supporter.—A committee of the New York Medical Society have made a flattering report in favor of this instrument. The committee express a belief that it will in most cases supersede the use of the pessary. Such, too, is the opinion of good judges in this neighborhood. It is lamentable that the price is so exorbitantly high as to induce ingenious mechanics to fabricate them, to the injury of the proprietor.

To those whom it may concern.—The readers of this Journal—some of them, at least—will remember the insertion of a Card from Dr. North, more than a year ago, stating that on account of his health he had left certain papers in relation to diet and regimen, in my hands for publication. The work to which they have given rise is at length, after much delay, in press, and will shortly be published. It will be a duodecimo volume of 200 pages or more, entitled, "*Vegetable Diet: as sanctioned by medical men, and by experience in all ages.*" WM. A. ALcott.

Boston, April 28th, 1838.

Oxygenated Soap.—Mr. Eliphalet Davis, of Cambridgeport, who manufactures this excellent article, deserves the special patronage of public

institutions. The efficacy of the oxygenated soap in the management of ill-conditioned ulcers, calls for the attention of surgeons. It is more than a year since it was urged upon those who manage surgical wards to give it a thorough trial—and in many instances since, when judiciously prescribed, the result has been very satisfactory. Some of the worst-appearing ulcerations of the skin have yielded to the application of this compound, which resisted a variety of preparations usually resorted to in the attempt to heal them. Now there is no mystery in all this, nor is there any secret in the manufacture. If a remedy so very simple, under ordinary circumstances, is so efficient in its effects, it behooves practitioners to call it to their aid. To those who are in that particular condition in which medical advice is not thought necessary, yet, nevertheless, are constantly suffering from the debilitating influences of a long-continued, indolent ulcer, the oxygenated soap is worth a speedy trial.

Rhinoplastic Operation.—This operation was performed in Calcutta, last summer, on a patient in whom a most extensive sloughing ulcer, spreading over the face, had destroyed the entire nasal organ, the whole of the lips, the right eye, a great portion of the cheek, and the whole of the nasal bones, cartilages, and integuments. The orifice of the mouth had closed by cicatrization, except a small opening sufficient to admit the end of the little finger, through which he subsisted by suction for the last eight years. The orifice of the mouth was first enlarged, without dividing the fibres of the orbicularis oris, sufficiently to admit solid food, after which the operation for a new nose was performed, the flap of integument being dissected, as usual, from the forehead. The flap was adjusted by four points of suture; small strips of adhesive plaster were applied, and a layer of cloth dipped in cold water. A *columna nasi* and nostrils were also formed, and their dilatation preserved by two rolled pieces of cloth. On the eighth day the twisted portion of the flap was detached by the bistoury, when union by the first intention had occurred throughout. This was all that was deemed requisite for the poor object, who was thus made comparatively comfortable, though his other facial deformities still remain.

Diseases in India.—A list of cases in the Central Hospital of Calcutta, for May and June, of last year, is given in the *India Journal*. The whole number is 2466, though the hospital has been established but six months. Of this number, we find that 319 are cases of syphilis, 131 of gonorrhoea, 72 of bubo, and 200 of ulcers. In speaking of syphilitic diseases, Mr. Brett, the superintendent of the hospital, alludes to the injudicious use, by the natives, of mercury, in their treatment of them.

Fairfield County (Conn.) Medical Society.—At the annual meeting of the Fairfield Co. Medical Society, held on Thursday, the 12th ult., at Bridgeport, Rufus Blakeman, *Chairman*; Sturges Buckley, *Clerk*, the following gentlemen were chosen Fellows of the Connecticut Medical Society: Jeremiah T. Denison, M.D.; Chauncey Ayres, M.D.; Justus Sherwood, M.D.; Rufus Blakeman, M.D.; David H. Nash, M.D.

A dissertation on "the Influence of the Mind on Disease" was read before the Society by Dr. R. Blakeman.

Drs. Denison, E. Middlebrook and Buckley were appointed to read dissertations at the next annual meeting of the Society.

Drs. G. Blakeman, Beach and Middlebrook were appointed the standing committee for the year ensuing.

TO CORRESPONDENTS.—Dr. F.'s communication, which has been crowded out of this No., will appear next week.

DIED.—In Cranston, R. I., Dr. Samuel Hudson, aged 77.

Whole number of deaths in Boston, for the week ending April 26, 40. Males, 19—Females, 31. Consumption, 6—measles, 1—Intemperance, 1—fits, 3—dropsy in the head, 2—lung fever, 2—throat distemper, 1—Inflammation, 1—quinsy, 1—ulceration of the stomach, 1—marasmus, 1—infantile, 2—scarlet fever, 1—puerperal fever, 1—suicide, 1—convulsions, 2—apoplexy, 1—accidental, 1—bilious fever, 1—old age, 1—dropsy on the brain, 1—disease of the heart, 1—croup, 1—Inflammation of the peritonium, 1.

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The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of **Sir Astley Cooper**, of London, **Edward Dolsand M.D.**, Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York. The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

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Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

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